VELLICOTUS ESTERNOS CINA CONTARA DE D FOR PATIENT APPLICATION

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

elieve Lam the original, first and sole inventor (if only one name is listed below) or an original, first and

oint inventor (if plural r	names inventio	are listed below) of ill on entitled:	e subject matter win	ich is claimed and for which a
Method And Apparatus	For	Enhancing The Percep	tual Performance Of	f A Post-Printing Application
Environment the specification of whi	ch is at	tached hereto unless t	he following box is ch	necked:
() was filed on		as US Appli	cation Serial No. or P	CT International Application applicable).
Number	_ and '	was amended on		
including the claims, as disclose all information	s amen which	ded by any amendments is material to patentable	IIISI TETETIEN ID ADOV	e above-identified specification, ye. I acknowledge the duty to CFR 1.56.
Foreign Application(s) and/or I hereby claim foreign priority inventor(s) certificate listed by a filing date before that of the	y benefit elow an	s under Title 35, United Sta d have also identified below	ally loveight application to	any foreign application(s) for patent or patent or patent or inventor(s) certificate having
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
				YES: NO:
	 -			YES: NO:
Provisional Application				
I hereby claim the benefit unbelow:	nder Title	e 35, United States Code Se	ection 119(e) of any Unite	d States provisional application(s) listed
	A	PPLICATION SERIAL NUMBER	FILING DATE	
	· · -			
manner provided by the firs	r of eac t paragra le 37. C	h of the claims of this applicance of Title 35, United State ode of Federal Regulations, Sometimes and this applicance of this applicance of this applicance of this applicance of the control of the con	Section 1.56(a) which occiss application:	d States application(s) listed below and, the prior United States application in the knowledge the duty to disclose material urred between the filing date of the prior
APPLICATION SERIAL NUM	BER	FILING DATE	STATUS	6 (patented/pending/abandoned)
			_	
POWER OF ATTORNEY: As a named inventor, I he	reby app	point the following attorney and Trademark Office connect	(s) and/or agent(s) listed ed therewith.	below to prosecute this application and
Anthony J Baca		slie G. Murray	Lane R. Simmons	Robert C. Mayes
Reg. No. 33,472	Re	eg. No. 31,183	Reg. No. 37,721	Reg. No. 30,405
Send Correspondence t	0:		Direct Telep	none Calls Tos
(P Administration			Leslie G. Mun	TEV)
(legal Department, 20EN) (HEWLEIT-FROKKARD COMPANY			(203) 396-28	
P.O. Box 10801	PARAGE	ra		
I hereby declare that	all sta	tements made herein o	of my own knowledg se true: and further t	e are true and that all statements that these statements were made made are punishable by fine or
made on information with the knowledge	and that	willful false statement	ts and the like so	made are punishable by fine of States Code and that such willfu
		er Section 1001 of Tit dize the validity of the		
false statements may	jeopar	aize the validity of the	application of any po	

Citizenship: US Full Name of Inventor: Shell S. Simpson 5196 N. Maidstone Way, Boise, ID 83713 Residence: Same as residence Post Office Address

Ξ:

Full Name of # 2 joint inventor:	Kris R. Livingston	Citizenship: US	
Residence:	11232 W. Hickory Bark Drive, Boise, ID 83713		
Post Office Address:	Same as Residence		
Instruction of Signature	, Da	10-29-99 ate	
Full Name of # 3 joint inventor:		Citizenship:	
Residence:			
Post Office Address:			
Inventor's Signature	Da	ate	
Full Name of # 4 joint inventor:		Citizenship:	
Residence:			
Post Office Address:			
Inventor's Signature	Da	ate	
Full Name of # 5 joint inventor:		Citizenship:	
Residence:			
Post Office Address:	·		
Inventor's Signature			
voitor s digitature	Da	ate	
Full Name of # 6 joint inventor:	·	Citizenship:	
Residence:			
Post Office Address:			
Inventor's Signature	<u> </u>		
	Da	ate	
Call Manager of H 7 to a second			
Full Name of # 7 joint inventor:		Citizenship:	
Residence:			
Post Office Address:			
Inventor's Signature			
-	Da		
Full Name of # 8 joint inventor:		·	
Residence:		Citizenship:	
•			
Post Office Address:			
Inventor's Signature		A	

Date